

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VT	69607	9/17/00
O.I.P.E. CLASSIFIER		8	9-27-00
FORMALITY REVIEW	S.S.	69134	10-26-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	11/13/00
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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